

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

Billing Questions:
800-854-7642

Website:
www.24-7cardaccess.com

Send Billing Inquiries To:
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
January 11, 2017 to February 7, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$53.64
- Payments	\$53.02
- Other Credits	\$0.00
+ Purchases	\$280.44
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.62-
= New Balance	\$280.44
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,719.00
Statement Closing Date	February 7, 2017
Days in Billing Cycle	28

PAYMENT INFORMATION

New Balance:	\$280.44
Minimum Payment Due:	\$10.00
Payment Due Date:	March 4, 2017

42101-5392

#280.44 Finance Check

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
01/02	01/02	F1485000U000LM505	PAYMENT - THANK YOU	\$53.02-
01/02	01/02		*FINANCE CHARGE* PREV CYCLE PURCHASES	\$0.62-
01/28	01/28	55432860W00A91WRX	EMBASSY SUITES COLUMBI COLUMBIA SC	\$280.44 ✓
		CHECK-IN 01/28/17	FOLIO #008527	

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170207 0 PAGE 1 of 2 10 1485 0000 BSI 01AB5106 14691

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX
New Balance: \$280.44
Minimum Payment Due: \$10.00
Payment Due Date: March 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025

S DUANE LEWIS 14691
BERKELEY CO SHER DEPT
PO BOX 6122 H102
MONCK'S CORNER SC 29461-6120

|||||

|||||

559494006140013900001000000280449

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

ANNUAL FEE TO BE BILLED NEXT STATEMENT: \$10.00
ANNUAL PERCENTAGE RATE: SEE BELOW GRACE PERIOD: 25 DAYS
MINIMUM FINANCE CHARGE: NONE TRANSACTION FEE: NONE
INTEREST IS CHARGED ON THE AVERAGE DAILY BALANCE (INCLUDING
NEW PURCHASES). IF YOU WISH TO CANCEL YOUR ACCOUNT TO AVOID
PAYING THE ANNUAL FEE, WRITE US WITHIN 30 DAYS OF THE ANNUAL
FEE POSTING. IF YOU NOTIFY US THAT YOU WISH TO CANCEL YOUR
ACCOUNT, YOU MAY USE YOUR CARDS DURING THE 30 DAY PERIOD
WITHOUT PAYING THE ANNUAL FEE, BUT AFTER THAT 30 DAYS YOU
MUST RETURN THE CARDS TO US. YOU MAY THEN PAY YOUR BALANCE
IN MINIMUM MONTHLY PAYMENTS.

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	28	\$0.00
Cash Advances	20.49% (v)	\$0.00	28	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: www.24-7cardaccess.com TO ENROLL WITH E
-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND
DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE
SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER
BY ENROLLING WITH E-STATEMENTS TODAY!

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EMBASSY SUITES
HOTELS

EMBASSY SUITES COLUMBIA
200 STONERIDGE DRIVE
COLUMBIA, SC 29210
United States of America
TELEPHONE 803-252-8700 • FAX 803-256-8749
Reservations
www.embassysuites.com or 1 800 EMBASSY

LEWIS, DUANE

PO BOX 6122

MONCKS CORNER SC 29461
UNITED STATES OF AMERICA

Room No: 734/KNGN
Arrival Date: 1/25/2017 8:35:00 PM
Departure Date: 1/27/2017 10:46:00 AM
Adult/Child: 1/0
Cashier ID: LGOODMAN
Room Rate: 123.00
AL:
HH #
VAT #
Folio No/Che 852726 A

Confirmation Number: 85184408

EMBASSY SUITES COLUMBIA 1/27/2017 10:45:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
1/25/2017	3574885	GUEST ROOM	\$123.00
1/25/2017	3574885	STATE TAX	\$8.61
1/25/2017	3574885	CITY TAX	\$6.15
1/25/2017	3574885	DESTINATION MARKETING FEE	\$2.46
1/26/2017	3575322	GUEST ROOM	\$123.00
1/26/2017	3575322	STATE TAX	\$8.61
1/26/2017	3575322	CITY TAX	\$6.15
1/26/2017	3575322	DESTINATION MARKETING FEE	\$2.46
1/27/2017	3575472	MC *0139	(\$280.44)
BALANCE			\$0.00

EXPENSE REPORT SUMMARY

	1/25/2017	1/26/2017	STAY TOTAL
ROOM AND TAX	\$140.22	\$140.22	\$280.44
DAILY TOTAL	\$140.22	\$140.22	\$280.44

CREDIT CARD DETAIL

APPR CODE	02531G	MERCHANT ID	41046330098
CARD NUMBER	MC *0139	EXP DATE	02/19
TRANSACTION ID	3575472	TRANS TYPE	Sale

Sheriff's Association Award - List

S DUANE LEWIS
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FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
February 8, 2017 to March 10, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$280.44
- Payments	\$280.44
- Other Credits	\$0.00
+ Purchases	\$38.56
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$38.56

Account Number XXXX XXXX XXXX 0139
Credit Limit \$4,000.00
Available Credit \$3,961.00
Statement Closing Date March 10, 2017
Days in Billing Cycle 31

PAYMENT INFORMATION

New Balance: \$38.56
Minimum Payment Due: \$10.00
Payment Due Date: April 4, 2017

42101-5560
Check # 1415

\$31.56 - Finance Check
+ 7.00
\$38.56



MESSAGES

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TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
02/25	02/25	85421201X00Y30Z5W	PAYMENT - THANK YOU	\$280.44-
02/16	02/16	55444361F2MHLGPQ1	ROSETTAS MONCKS CORNER SC 42101-5560 \$ check	\$38.56 ✓

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170310 0

PAGE 1 of 2

10 1485

0000 BSI 01AB5106

13166

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX

New Balance: \$38.56

Minimum Payment Due: \$10.00

Payment Due Date: April 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025



S DUANE LEWIS
BERKELEY CO SHER DEPT 13166
PO BOX 6122 H103
MONCKS CORNER SC 29461-6120



559494006140013900001000000038565

S DUANE LEWIS
Account Number: XXXX XXXX XXXX 0139

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

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ATLANTA, GA 30348-5025

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ROSETTAS

411 CORNER SQUARE
MONCKS CORNER, SC 29461
8437614875

Cashier: Emmaretta Lloyd
15-Feb-2017 12:22:36P

Transaction 001901

3	Custom Item	\$23.97
3	Custom Item	\$5.25

Subtotal	\$29.22
Tax	\$2.34

Total	\$31.56
-------	---------

CREDIT CARD AUTH	\$31.56
MASTERCARD 0139	

Tip	7.00
Total	<u>38.56</u>

Retain this copy for statement validation

15-Feb-2017 12:22:46P
\$31.56 | Method: SWIPED
MASTERCARD XXXXXXXXXXXX0139
Ref #: 704600527631 | Auth #: 01594G
MID: *****6888
AthNtwkNm: MASTERCARD
SIGNATURE VERIFIED

Order E0A1HBNFQ70V18

Online: <https://clover.com/p/V1B347E754V9C>



V1B347E754V9C

*BACU**

Lunch Meeting w/
Mayor Mike Lockart
Chief Mike Cochran
Ref: Seizures

42101-5560	\$31.56
check #	7.00
	<u>\$38.56</u>

[Signature]

S DUANE LEWIS

Account Number: XXXX XXXX XXXX

Billing Questions:

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FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement

March 11, 2017 to April 9, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$38.56
- Payments	\$38.56
- Other Credits	\$0.00
+ Purchases	\$94.36
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$94.36

Account Number XXXX XXXX XXXX 0139
 Credit Limit \$4,000.00
 Available Credit \$3,905.00
 Statement Closing Date April 9, 2017
 Days in Billing Cycle 30

PAYMENT INFORMATION

New Balance: \$94.36
 Minimum Payment Due: \$10.00
 Payment Due Date: May 4, 2017

42101-5560

Check # 1425

\$ 57.71 Finance Check

+ 36.65

\$ 94.36

MESSAGES

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TRANSACTIONS

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Tran Date	Post Date	Reference Number	Transaction Description	Amount
04/01	04/01	85421202Z00Y3264P	PAYMENT - THANK YOU	\$31.56-
04/01	04/01	85421202Z00Y3264S	PAYMENT - THANK YOU	\$7.00-
03/17	03/17	05410192DGVH3TLL4	MUSC CAFETERIA60021821 CHARLESTON SC	\$26.65 ✓
03/30	03/30	55500802T60T2JMS5	THE BARONY HOUSE MONCKS CORNER SC	\$67.71 ✓

NOTICE: See reverse side of page 1 for Important information.

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PAGE 1 of 2

10 1485 0000 BSI

01AB5106

14804

FARMERS AND MERCHANTS BANK OF SC
 PO BOX 723847
 ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX

New Balance: \$94.36

Minimum Payment Due: \$10.00

Payment Due Date: May 4, 2017

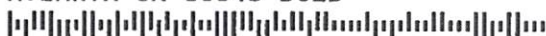
Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
 PO BOX 105025
 ATLANTA GA 30348-5025



S DUANE LEWIS 14804
 BERKELEY CO SHER DEPT
 PO BOX 6122 H104
 MONCKS CORNER SC 29461-6120



559494006140013900001000000094360

S DUANE LEWIS
Account Number: XXXX XXXX XXXX 0139

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	30	\$0.00
Cash Advances	20.49% (v)	\$0.00	30	\$0.00

(v) - variable

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ATLANTA, GA 30348-5025

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DET. WARD Transported
KIDNAPPING Victim and
her mother to M.U.S.C.
for EXAMINATION.

Provided lunch to
family & victim

SODEXO @ MUSC
165 ASHLEY AVE
CHARLESTON SC 29425
(843) 792-9655
www.muschealth.com/nutrition
email us at dietary-
cafeteria@musc.edu

Sale Terminal:1
MasterCard *****

Auth:017306
Tbl:0 Ref: 1620376
Date:3/17/2017 Time:2:41 pm
Invoice:9012046 Name:Carmen

Approved - Thank You

Amount: \$26.65

MID: 345783301889

Cardholder agrees to pay issuer
such total in accordance with
issuer's agreement with
cardholder.

Signature _____
S DUANE LEWIS

See BACK

CUSTOMER COPY



SODEXO HEALTHCARE
MAKING EVERYDAY A BETTER DAY!

Tbl:0 Ref:1620376
Chk:1620377

Carmen 3/17/2017 2:40 pm

2 Ocn Spry Orng Juic	4.58
2 Ocspr Apple Juice	4.58
3 Grilld Chickn Brst	9.57
2 Collard Greens	1.98
3 Meal Deal	-0.75
2 Rice Red	2.18
2 Macaroni And Cheese	1.98

SubTotal	24.12
State Tax	2.05
Hospitality Tax	0.48

Total	26.65
MC ****0139	26.65

Amount Paid	26.65

SODEXO @ MUSC
165 ASHLEY AVE
CHARLESTON SC 29425
(843) 792-9655
www.muschealth.com/nutrition

See BACK

ADD 2 5 2017

THE BARONY HOUSE
401 ALTMAN STREET
MONCK'S CORNER, SC 29461
03/30/2017 13:19:25

CREDIT CARD
MC SALE

Card # XXXXXXXXXXXXX
Chip Card: MASTERCARD
AID: A0000000041010
ATC: 0003
TC: 8E25E52CC98B8B40
SEQ #: 32
Batch #: 36
INVOICE 32
SERVER 0006
Approval Code: 03073G
Entry Method: Chip Read
Mode: Issuer

PRE-TIP AMT \$57.71
TIP 10.00
TOTAL AMOUNT 67.71


CUSTOMER COPY
(BACK)

Meeting with Mayor
Locklair
Chief Cochran
Mayor Baker
Mayor Brabham

42101-5560 *57.71
tip - check attached 10.00
67.71



APR 25 2017

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

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Website:
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P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
April 10, 2017 to May 10, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$94.36
- Payments	\$94.36
- Other Credits	\$0.00
+ Purchases	\$1,907.95
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$1,907.95
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$1,231.00
Statement Closing Date	May 10, 2017
Days in Billing Cycle	31

PAYMENT INFORMATION

New Balance:	\$1,907.95
Minimum Payment Due:	\$48.00
Payment Due Date:	June 4, 2017
42101-5560	\$ 81.93
42191-5392	1,481.34
	<u>1,563.27</u> Finance Check
Check Attached (2)	14.00
#1436	
Check Attached	330.68
#	<u>\$ 1,907.95</u>

MESSAGES

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5106 0001 JRH 001 7 5 170510 0 PAGE 1 of 2 10 1485 0000 BS1 01A85106 15744

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX
New Balance: \$1,907.95
Minimum Payment Due: \$48.00
Payment Due Date: June 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025

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S DUANE LEWIS 15744
BERKELEY CO SHER DEPT
PO BOX 6122 H105
MONCK'S CORNER SC 29461-6120

559494006140013900004800001907958

S DUANE LEWIS

Account Number: XXXX XXXX XXXX

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
05/01	05/01	85421203V00XTTVA2	PAYMENT - THANK YOU	\$94.36-
04/19	04/19	55432863E00JS4TXQ	THE TERRACE COLUMBIA SC <i>5539 & check attached</i>	\$20.05 ✓
04/21	04/21	55432863F00A9WAK1	EMBASSY SUITES COLUMBIA COLUMBIA SC <i>5392</i>	\$143.64 ✓
		CHECK-IN 04/21/17	FOLIO #008677	
04/26	04/26	55432863M00VS9YL8	LOGANS ROADHOUSE 214 SUMMERVILLE SC <i>5539 & check</i>	\$35.75 ✓
04/27	04/27	55429503MJH839Z61	WWW.RESERVATIONS.COM 8559562201 FL <i>5392</i>	\$14.99
		CHECK-IN 04/27/17	FOLIO #0000080966	
04/27	04/27	55432863M004PAV6K	HOTEL*RESERVATIONS.COM 877-903-0071 WA <i>5392 & check attached</i>	\$1,653.39
05/07	05/07	55457024060JRG0P5	BENNYS STEAK AND SEAFO JACKSONVILLE FL <i>5539 & check</i>	\$40.13 ✓

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Embassy Suites Columbia
The Terrace
200 Stoneridge Drive
Columbia, SC 29210
(803) 252-8700

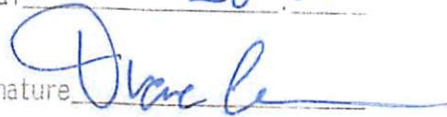
CHECK: 3366
TABLE: TV2/1
SERVER: 266 AALIYAH CASH
DATE: APR19'17 3:18PM
CARD TYPE: Mastercard
ACCT #: XXXXXXXXXXXXX
EXP DATE: XX/XX
AUTH CODE: 01947J

SUBTOTAL: 17.05

Gratuity 3.00

Total 20.05

Signature



THANK YOU
Sheriffs McGinnis



EMBASSY SUITES

by HILTON

200 Stoneridge Drive • Columbia, SC 29210
Phone (803) 252-8700 • Fax: (803) 256-8749
For reservations across the nation
www.embassysuites.com or 1-800-EMBASSY

Name & Address

LEWIS, DWAIN
223 NORT
MONCK'S CORNER SC 29461
UNITED STATES OF AMERICA

Suite 223/KNGN
Arrival Date 4/19/2017 2:35:00 PM
Departure Date 4/20/2017 9:54:00 AM
Adult/Child 2/0
Suite Rate 126.00
Rate Plan: SCS
HH #
AL:
Car:

Folio

Confirmation Number: 84227871

4/20/2017

HHONORS
HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
4/19/2017	3612670	GUEST ROOM	\$126.00
4/19/2017	3612670	STATE TAX	\$8.82
4/19/2017	3612670	CITY TAX	\$6.30
4/19/2017	3612670	DESTINATION MARKETING FEE	\$2.52
4/20/2017	3612928	MC	(\$143.64)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		4/19/2017 STAY TOTAL	
ROOM AND TAX		\$143.64	\$143.64
DAILY TOTAL		\$143.64	\$143.64
<i>Sheriff's Assoc. Meeting.</i>			
ACCOUNT NO.		DATE OF CHARGE	
MC *0139		4/20/2017	
CARD MEMBER NAME		FOLIO NO./CHECK NO.	
LEWIS, DWAIN		867765 A	
ESTABLISHMENT NO. & LOCATION		AUTHORIZATION	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT		01966J	
		INITIAL	
		PURCHASES & SERVICES	
		TAXES	
		TIPS & MISC.	
CARD MEMBER'S SIGNATURE		TOTAL AMOUNT	
<i>Dwain C.</i>		-143.64	
X			

W
WALDORF
ASTORIA
HOTEL & SPA

CONRAD
HOTEL & RESORTS

Hilton
HOTEL & RESORTS

DAVIDSON
HOTEL & RESORTS

EMBASSY
SUITES

Hilton
Garden Inn

Hampton
HOTEL & RESORTS

EMBASSY
SUITES

HOME
HOTEL & RESORTS

Hilton
Grand Vacations

0064

Server: ROBIN H Rec: 31
04/26/17 13:05, Swiped T: 43 Term: 9

LOGAN'S ROADHOUSE #214
211 Azalea Square Blvd.
Summerville, SC 29483
(843)851-8666
MERCHANT #:

CARD TYPE ACCOUNT NUMBER
MASTER CARD XXXXXXXXXXXXX
00 TRANSACTION APPROVED
AUTHORIZATION #: 02600J
Reference: 0426010000064
TRANS TYPE: Credit Card SALE

CHECK : 30.75
TIP : 5.00
TOTAL : 35.75

x Oliver Lewis

PHONE: () -
Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
top copy -> customer

Lunch meeting with
SLED Agent DAVID LESLIE

Tracey Sawyer

From: Duane Lewis
Sent: Thursday, April 27, 2017 1:54 PM
To: Tracey Sawyer
Subject: Fwd: Your Reservations.com Confirmation

MARINA INN
DIRECT #
843-913-1333

Sheriff S. Duane Lewis

Begin forwarded message:

From: reservations@reservations.com
Date: April 27, 2017 at 1:45:19 PM EDT
To: duane.lewis@berkeleycountysc.gov
Subject: Your Reservations.com Confirmation

Congratulations s duane lewis . You are on your way! Your hotel room reservation is confirmed at Marina Inn At Grande Dunes, Marina Inn at Grande Dunes, Amalfi Place, Myrtle Beach, SC, United States.

Reservation Details

Your reservation is confirmed and your card has been charged.

Customer Name: s duane lewis

Confirmation Number: 283771776

Hotel

Marina Inn At Grande Dunes

Hotel Address: 8121 Amalfi Place

Hotel Rating: 4

Check In Date: 7/8/2017

Check Out Date: 7/13/2017

Room 1

Room Type: Grand Room, 2 Queen Beds

Guests:

s duane lewis

adult adult

We understand that sometimes your travel plans change. We do not charge a change or cancel fee. However, this property (Marina Inn At Grande Dunes) imposes the following penalty to its customers that we are required to pass on: Cancellations or changes made after 6:00 PM ((GMT-05:00) Eastern Time (US & Canada)) on Jul 1, 2017, or no-shows, are subject to a 25.00 USD penalty and a 1 Night Room & Tax penalty.

Charges

Room Subtotal: USD \$1235.37

Tax: USD \$418.02

Total: USD \$1653.39

Service Fee: USD \$14.99

Total Paid: USD \$1668.38

Thank you,

Reservations.com

Need help? Visit <http://www.reservations.com/hotel/support> or call 844-656-1792

Payable through , acting as agent for the service operating company, details of which can be provided upon request.

VAT:

Reference: 283771776

Act phone# on file
843-719-4439
Calvin/Reserv.
HOTEL
CONF#
205700

Denise

\$330.68/night

Sheriff going up one night early. See attached check for one night.

--CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the intended recipient, you may not read, use, copy, or distribute this e-mail message or its attachments. If you believe you have received this e-mail message in error, please contact the sender by reply e-mail or telephone immediately and destroy all copies of the original message.

*** Restaurant ***
Benny's Steak & Seafood
Suite 175
Jacksonville, FL. 32202
Phone: (904) 301-1014
Date: May07'17 07:18PM
Card Type: Master Card
Acct #: XXXXXXXXXXXXX
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 00789J
Check: 1123
Table: 305/1
Server: 139 Kris W

Subtotal: 34.13
Tip: 6.00
Total: 40.13

S. Duane Cew-
Signature

I agree to pay above total
according to my card issuer
agreement.

*** Customer Copy ***

FBI EXECUTIVE
TRAINING

FBI LEAD

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

Billing Questions:
800-854-7642

Website:
www.24-7cardaccess.com

Send Billing Inquiries To:
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
May 11, 2017 to June 9, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$1,907.95
- Payments	\$1,907.95
- Other Credits	\$0.00
+ Purchases	\$661.96
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$661.96
Account Number	XXXX XXXX XXXX 0139
Credit Limit	\$4,000.00
Available Credit	\$3,338.00
Statement Closing Date	June 9, 2017
Days in Billing Cycle	30

PAYMENT INFORMATION

New Balance:	\$661.96
Minimum Payment Due:	\$17.00
Payment Due Date:	July 4, 2017

42101-5392
JUN 22 2017

\$661.96 Finance Check

[Signature]

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
06/01	06/01	85421204V00XTRL7D	PAYMENT - THANK YOU	\$1,907.95-
05/11	05/11	555418645231VDAEM	HYATT REGENCY JACKSONV JACKSONVILLE FL	\$661.96
		CHECK-IN 05/07/17	FOLIO #000005594	

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170609 0

PAGE 1 of 2

10 1485 0000 BS1

01AB5106

14982

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX

New Balance: \$661.96

Minimum Payment Due: \$17.00

Payment Due Date: July 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025

Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS 14982
BERKELEY CO SHER DEPT
PO BOX 6122 H106
MONCK'S CORNER SC 29461-6120

[Barcode]

559494006140013900001700000661965

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	30	\$0.00
Cash Advances	20.49% (v)	\$0.00	30	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: www.24-7cardaccess.com TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information.



Hyatt Regency Jacksonville Riverfront
225 East Coastline Drive
Jacksonville, Florida 32202
Tel: (904) 588-1234
Fax: (904) 634-4554
www.jacksonville.hyatt.com

INVOICE

Payee Solon Lewis
223 N Live Oak Drive
Po Box 6122
Moncks Corner SC 29461

Room No. 0910
Arrival 05-07-17
Departure 05-11-17
Page No. 1 of 1
Folio Window 1
Folio No. 859576

Confirmation No. 3229692001
Group Name FBI-Leeda
Booking No. 32JDQK47

Date	Description	Charges	Credits
05-07-17	Group Room	145.00	
05-07-17	City Surcharge	1.45	
05-07-17	Occupancy Sales Tax	10.25	
05-07-17	Occupancy City Tax	8.79	
05-08-17	Group Room	145.00	
05-08-17	City Surcharge	1.45	
05-08-17	Occupancy Sales Tax	10.25	
05-08-17	Occupancy City Tax	8.79	
05-09-17	Group Room	145.00	
05-09-17	City Surcharge	1.45	
05-09-17	Occupancy Sales Tax	10.25	
05-09-17	Occupancy City Tax	8.79	
05-10-17	Group Room	145.00	
05-10-17	City Surcharge	1.45	
05-10-17	Occupancy Sales Tax	10.25	
05-10-17	Occupancy City Tax	8.79	
05-11-17	Mastercard	XXXXXXXXXXXXXX XX/XX	661.96
Total		661.96	661.96

Guest Signature

Balance

0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

THANK YOU FOR CHOOSING THE HYATT REGENCY JACKSONVILLE RIVERFRONT

Our goal is to provide every guest with an exceptional stay. Should you have any customer service feedback, please email us at qualityjaxrj@hyatt.com

For inquiries concerning your bill please call 855-869-0846

Please remit payment to:
Hyatt Regency Jacksonville Riverfront
P O Box 203686
Dallas TX 75320-3686
Email: moore.jaxrjaccounting@hyatt.com

World of Hyatt Summary

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

FBI Law Enforcement EXECUTIVE Leadership
TRAINING

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

Billing Questions:
800-854-7642

Website:
www.24-7cardaccess.com

Send Billing Inquiries To:
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
June 10, 2017 to July 10, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$661.96
- Payments	\$661.96
- Other Credits	\$1.69
+ Purchases	\$81.06
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$79.37

Account Number XXXX XXXX XXXX 0139
Credit Limit \$4,000.00
Available Credit \$3,920.00
Statement Closing Date July 10, 2017
Days in Billing Cycle 31

PAYMENT INFORMATION

New Balance: \$79.37
Minimum Payment Due: \$10.00
Payment Due Date: August 4, 2017

Check #1462 attached

\$79.37


JUL 24 2017

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
06/16	06/16	0558745570000FEQ7	RBT OUTBACK 4114 EASYSAVINGS NY CREDIT	\$1.69-
06/29	06/29	85421205P00XTS56V	PAYMENT - THANK YOU	\$661.96-
06/14	06/14	5543286562XVJB1NE	OUTBACK 4114 NORTH CHARLES SC	\$42.18
06/28	06/28	55500805K60T2JMXT	THE BARONY HOUSE MONCKS CORNER SC	\$38.88

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170710 0

PAGE 1 of 2

1 0 1485 0000 BS1 01AB5106

15996

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX

New Balance: \$79.37

Minimum Payment Due: \$10.00

Payment Due Date: August 4, 2017

Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025

S DUANE LEWIS 15996
BERKELEY CO SHER DEPT
PO BOX 6122 H107
MONCKS CORNER SC 29461-6120

|||||

559494006140013900001000000079379

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: www.24-7cardaccess.com TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

NOTICE: See reverse side of page 1 for important information.



INTER OFFICE MEMORANDUM

DATE: July 24, 2017
TO: Melanie Cheers
FROM: Sheriff Duane Lewis
REF: Missing receipts

I've misplaced two receipts and will turn them in to you as soon as they are located:

06/14/17 Outback Steakhouse \$42.18

06/28/17 Barony House \$38.88

Thank you.

Meeting

S DUANE LEWIS
Account Number: XXXX XXXX XXXX

Billing Questions:
800-854-7642

Website:
www.24-7cardaccess.com

Send Billing Inquiries To:
P.O. Box 2988, Omaha, NE, 68103

FARMERS AND MERCHANTS BANK OF SC Credit Card Account Statement
July 11, 2017 to August 10, 2017

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$79.37
- Payments	\$79.37
- Other Credits	\$0.00
+ Purchases	\$60.44
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
= New Balance	\$60.44

Account Number XXXX XXXX XXXX 0139
Credit Limit \$4,000.00
Available Credit \$3,939.00
Statement Closing Date August 10, 2017
Days in Billing Cycle 31

PAYMENT INFORMATION

New Balance: \$60.44
Minimum Payment Due: \$10.00
Payment Due Date: September 4, 2017

42101-5560 #50.44 Finance Check
Check Attached (C) + 10.00
1468 \$60.44



AUG 23 2017

MESSAGES

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at www.24-7cardaccess.com or we will mail you a free copy upon request if you call us at 1-800-854-7642.

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
07/27	07/27	85421206H00XTMZ4V	PAYMENT - THANK YOU	\$79.37-
07/28	07/28	05410196JE9HABY54	APPLEBEES 711 38495115 MONCKS CORNER SC	\$34.79
08/02	08/02	85180896PWGSZY45N	ITALIAN BISTRO SUMMERVILLE SC	\$25.65

NOTICE: See reverse side of page 1 for important information.

5106 0001 JRH 001 7 5 170810 0 PAGE 1 of 2 10 1485 0000 BS1 01AB5106 15548

FARMERS AND MERCHANTS BANK OF SC
PO BOX 723847
ATLANTA GA 31139-0847

Account Number: XXXX XXXX XXXX
New Balance: \$60.44
Minimum Payment Due: \$10.00
Payment Due Date: September 4, 2017

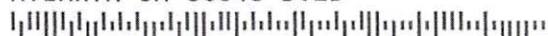
Please complete and enclose the bottom portion for proper credit.

Amount Enclosed: \$

☐ Indicate name or address change on reverse side and check here.

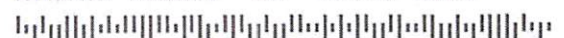
Make Check Payable to:

CARD SERVICES CENTER
PO BOX 105025
ATLANTA GA 30348-5025



Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

S DUANE LEWIS 15548
BERKELEY CO SHER DEPT
PO BOX 6122 H108
MONCKS CORNER SC 29461-6120



559494006140013900001000000060445

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	\$0.00	31	\$0.00
Cash Advances	20.49% (v)	\$0.00	31	\$0.00

(v) - variable

You can avoid additional interest on purchases by paying the New Balance in full by the payment due date. Payments received at other than the address shown on the front of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt. Payments and credits are effective as of the post date shown on this statement.

Are you making your payment through an online Bill Pay service? Look for the Payee "Card Assets" for faster delivery of your payment.

In order to ensure timely application of your payment, please remit payments to the following address:

CARD SERVICES CENTER

PO BOX 105025

ATLANTA, GA 30348-5025

For more information about your account, please contact us at: 1-800-854-7642
to speak to a live representative (24 hours/7 days).

ENROLL WITH E-STATEMENTS TODAY! Go To: www.24-7cardaccess.com TO ENROLL WITH E-STATEMENTS, SET UP EMAIL ALERTS TO NOTIFY YOU WHEN YOUR STATEMENT IS AVAILABLE, AND DOWNLOAD YOUR E-STATEMENT EVERY MONTH. GET YOUR STATEMENT QUICKER, INCREASE THE SECURITY OF YOUR ACCOUNT BY NOT RECEIVING YOUR STATEMENTS IN THE MAIL, AND SAVE PAPER BY ENROLLING WITH E-STATEMENTS TODAY!

APPLEBEE'S
NEIGHBORHOOD GRILL & BAR
640 Rembert C. Dennis Blvd
Moncks Corner, SC 29461
843-761-4545

JACI ANNE D TB#84
DATE: 07-28-17 TIME: 01:15 PM GUESTS: 2
Check #: 9511-37100

SOURCE: POS
CARD TYPE: MAST
CARD NUMBER: ***
APPROVAL CODE: 020
Merchant ID: 491391
Trans Type: AUTH

ENTER FOR A CHANCE
TO WIN \$100 CASH
WEEKLY AND
\$1,000 CASH MONTHLY

Go To: www.talktoapplebees.com
within 3 days
and tell us about your visit

NO PURCHASE NECESSARY TO ENTER.

Open to residents
of the United States 18 or older,
who visit Applebee's at
applebees.com
to enter
the sweepstakes.

*

Tip:

13
6.00

Total:

34.79

Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

AUG 23 2017

** Guest Copy **
Meeting w/ Tommy Newell
Ret: Vehicles

Italian Bistro
1625 N Main ST Suite 105
Summerville, SC 29483
(843) 832-6001

08/02/2017 12:39:43
Merchant ID: *****8651
Device ID: 0629
Terminal ID: PPX11

Credit Sale:

Transaction #: 8
Card Type: MasterCard
Account: *****
Entry: Chit
Server #: }

Amount: \$21.65
TIP: \$ 4.00
Total: \$ 25.65

STAN: 000
Auth. Code: 00233C
Response: AUTH/TKT
TRANS ID: MCBSSMJ010802

Mode: Issuer
AID: #0000000041010
TVR: 0000000000
IAD: 0110009001220000C1FA00000000000
00FF

TSI: E800
ARC: 00

Meeting w/ Chief Becker
CUSTOMER COPY
G.C.P.D.

Thank you!



AUG 23 2017